

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT: PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

DECLARATION
AND POWER OF ATTORNEY
U.S.A.

FOR ATTORNEYS' USE ONLY
ATTORNEYS' DOCKET NO.

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled;

New hydrophobic polymer comprising fluorine moieties

which is described and claimed in:

☐ the attached specification



PCT International Application No. PCT/EP 00/00117

☐ the specification in application Serial No. _____

filed January 10, 2000

(If applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

EP 99100416.9
(Number)

Europe
(Country)

January 11, 1999
(Day/Month/Year Filed)

Priority Claimed

☒ Yes ☐ No

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes ☐ No

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____

Filing Date _____

Application No. _____

Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

(Application Serial No.) _____

(Filing Date) _____

(Status: patented, pending, abandoned) _____

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,840); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,951); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00138

or

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400 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20004

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*Inventor(s) name must include at least one unabbreviated first or middle name.

| | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
|-----|----------------------------|---------------------|--------------------------|------------------------|
| 201 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| | | | | ZIP CODE |
| | | | | |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| | | | | ZIP CODE |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| | | | | ZIP CODE |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
|----------------------------|----------------------------|----------------------------|
| | | |
| DATE | DATE | DATE |

☒ Additional inventors are named on separately numbered sheets attached hereto.

JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS

* Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | | |
|-----|----------------------------|--|--|------------------------------|
| 204 | FULL NAME * OF INVENTOR | FAMILY NAME Ponomarev | GIVEN NAME Nikolaj Nikolaievich | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Moskau | STATE OR FOREIGN COUNTRY Russian Federation | COUNTRY OF CITIZENSHIP RU |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS d.9, kv. 39 | CITY 123298 Moskau | STATE OR COUNTRY Russia |
| | | | | ZIP CODE |
| 205 | FULL NAME * OF INVENTOR | FAMILY NAME Leiser | GIVEN NAME Robert-Matthias | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Solingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP DE |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Dunkelnberger Str.30 | CITY 42697 Solingen | STATE OR COUNTRY Germany |
| | | | | ZIP CODE |
| 206 | FULL NAME * OF INVENTOR | FAMILY NAME Plobner | GIVEN NAME Lutz | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Erkrath | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP DE |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Beckhauser Str. 9 | CITY 40699 Erkrath | STATE OR COUNTRY Germany |
| | | | | ZIP CODE |
| 207 | FULL NAME * OF INVENTOR | FAMILY NAME Iarochevskaia | GIVEN NAME Elena Markovna | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Cologne | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP RU |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Ostlandstraße 51 | CITY 50858 Cologne | STATE OR COUNTRY Germany |
| | | | | ZIP CODE |
| 208 | FULL NAME * OF INVENTOR | FAMILY NAME Zubov | GIVEN NAME Vitali Pavlovich | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Moskau | STATE OR FOREIGN COUNTRY Russian Federation | COUNTRY OF CITIZENSHIP RU |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Zvenigorodskaya ul.D. | CITY 121433 Moskau | STATE OR COUNTRY Russia |
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| 211 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
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| DATE | DATE | DATE |
| SIGNATURE OF INVENTOR 210 * | SIGNATURE OF INVENTOR 211 * | |
| DATE | DATE | |

31. OKT. 2001 13:28

DOMPATENT VON KREISLER KOELN

AND POWER OF ATTORNEY
U.S.A.

FOR ATTORNEY NR. 5641 LY S. 2/3

ATTORNEYS' DOCKET NO.

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As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

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which is described and claimed in:

☒ PCT International Application No. PCT/EP 00/00117filed January 10, 2000☐ the attached specification☐ the specification in application Serial No. _____

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(Country)

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DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6868

JACOBSON HOLMAN
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*Inventor(s) name must include at least one unabbreviated first or middle name.

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|-----|----------------------------|--|---|-------------------------------------|
| 201 | FULL NAME * OF INVENTOR | FAMILY NAME <u>Kapoustine</u> | GIVEN NAME <u>Dmitri Valerjewich</u> | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY <u>Moskau</u> | STATE OR FOREIGN COUNTRY <u>Russian Federation</u> | COUNTRY OF CITIZENSHIP <u>RU</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>ul. Ostrovitianova d. 18, korp. 2, kv. 120</u> | CITY <u>117321 Moskau</u> | STATE OR COUNTRY <u>Russia</u> |
| 202 | FULL NAME * OF INVENTOR | FAMILY NAME <u>Zavada</u> | GIVEN NAME <u>Larisa Leonidovna</u> | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY <u>Moskau</u> | STATE OR FOREIGN COUNTRY <u>Russian Federation</u> | COUNTRY OF CITIZENSHIP <u>RU</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>d. 70, kv. 552 B-261</u> | CITY <u>117261 Moskau</u> | STATE OR COUNTRY <u>Russia</u> |
| 203 | FULL NAME * OF INVENTOR | FAMILY NAME <u>Barsamyan</u> | GIVEN NAME <u>Georgy Borisovich</u> | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY <u>Moskau</u> | STATE OR FOREIGN COUNTRY <u>Russian Federation</u> | COUNTRY OF CITIZENSHIP <u>RU</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>d. 6, korp. 1, kv. 344</u> | CITY <u>123298 Moskau</u> | STATE OR COUNTRY <u>Russia</u> |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| <u>[Signature]</u> | <u>[Signature]</u> | <u>[Signature]</u> |
| DATE <u>1.10.01</u> | DATE <u>1.10.01</u> | DATE <u>1.10.01</u> |

☒ Additional inventors are named on separately numbered sheets attached hereto.

JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS

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| DATE 1.10.01 | DATE 1.10.01 | DATE 1.10.01 |
| SIGNATURE OF INVENTOR 207 * | SIGNATURE OF INVENTOR 208 * | SIGNATURE OF INVENTOR 209 * |
| DATE | DATE | DATE |
| SIGNATURE OF INVENTOR 210 * | SIGNATURE OF INVENTOR 211 * | |
| DATE | DATE | |

□ Additional inventors are named on separately numbered sheets attached hereto.
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